

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026830

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 166

FILED JUL 23 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Deepwater</u>	
Length of stay in lb <u>six days</u>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jolly Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>Deepwater</u>	
3. NAME OF DECEASED (Type or print) First <u>Carl</u> Middle <u>Erhart</u> Last <u>Erhart</u>		4. DATE OF DEATH Month <u>July</u> Day <u>6</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/20/1883</u>
9. AGE (last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	
11. BIRTHPLACE (City and state or country) <u>Henry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Phillip Erhart</u>		13b. MOTHER'S MAIDEN NAME <u>D. Lash</u>	
14. NAME OF HUSBAND OR WIFE <u>Lenora Erhart</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>1308</u>		17. INFORMANT <u>Russell Erhart K.C. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Bronchial Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Arteriosclerotic Gangrene Left</u> DUE TO (b) <u>Lower extremity - Postoperative</u> DUE TO (c) <u>Cephalitis & Pyelitis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>21 days</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>7:30</u> a.m. <u>p.m.</u> Month, Day, Year <u>6/9/62</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Clinton Mo</u>	
20g. COUNTY <u>Clinton</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>6/9/62</u> to <u>7/6/62</u> and last saw her him alive on <u>7/6/62</u> Death occurred at <u>7:30 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Richard V. King M.D.</u> Degree or title <u>M.D.</u>	
22b. ADDRESS <u>106 S. 3rd Clinton Mo</u>		22c. DATE SIGNED <u>7/19/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 8, '62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Deepwater cemetery</u>		23d. LOCATION (City, town, or county) <u>Deepwater, Missouri</u>	
24. FUNERAL DIRECTOR <u>Mel Janssen</u> ADDRESS <u>Deepwater, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 19, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Waldred Bigum</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene R. Consoaloe

Licensed Embalmer No. 4680

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit of Burial
Permit Obtained
8-9-62
M.B.